

New Organizational Structure Frequently Asked Questions (FAQs)

Following are a list of frequently asked questions and answers.

If you have any additional questions, please email 18TCR.neworgstructure@ssss.gouv.qc.ca and a member of the implementation team will review your questions and post an answer to the *Employee Zone* section of the CBHSSJB website (<http://www.creehealth.org/employee-zone>).

Q1: Why a new organizational structure?

A1: The Board of Directors initiated a process in 2013 to design and implement a new organizational structure that would be more efficient, effective and responsive, and allow the CBHSSJB to better achieve the objectives outline in the Strategic Regional Plan (SRP).

Q2: How will this new organizational structure achieve the above?

A2: The new organizational structure will:

1. Improve organizational **communication, collaboration and coordination** across the organization;
2. Clarify **roles**, balance **responsibilities** and increase **accountability** of the various department;
3. Ensure **Nishiiyuu** and **Cree culture** have a more central and enhanced role within the organization.

Q3: Who was consulted in the design of the new organizational structure?

A3: The new organizational structure is the result of over two years of research, reflection, and listening to concerns and suggestions from employees, clinicians and the people of Eeyou Istchee.

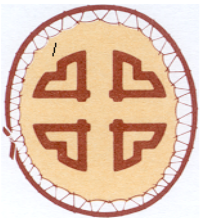
The consultation process included surveys, group consultation sessions, and discussions with other healthcare organizations, and was approved by the Board of Directors at the end of March 2016.

Q4: When will the implementation of the new organizational structure begin?

A4: The implementation of the new organizational structure will begin in July 2016 and will be completed by December 2016.

Q5: Did anyone loose his or her employment with the CBHSSJB or was anyone asked to relocate due to the new organizational structure?

A5: The number of positions at the CBHSSJB has not been reduced as a result of the new organizational structure, and no employees will be asked to relocate to another community.



Q6: How will the implementation of the new organizational structure impact employees?

A6: The changes mainly involve reporting relationships, as some services will change departments and the sizes of the departments will be rebalanced. Large parts of the organization, such as the Community Miyupimaatisiun Centers (CMCs), are not directly impacted at by the new organizational structure.

Q7: Have the various unions been informed?

A7: Yes, both the CSN and FIQ have been informed of the upcoming changes and their questions and concerns answered.

Q8: How will traditional healing and helping methods and Cree culture play a more central and significant role in the organization?

A8: The department of Nishiiyuu has been given additional resources and a new expanded mandate to:

- Develop and support traditional healing and helping programs inside the organization and within the community;
- Adapt the organization's programs and services to Cree culture; and,
- Evaluate the organization's overall performance and quality of care being provided.

Q9: Why have the Regional Hospital in Chisasibi and the Chisasibi CMC remained separate?

A9: Feedback from Chisasibi community members, as well as CBHSSJB employees and clinicians was that it is important to keep the Regional Hospital and CMC separate in order to ensure there continues to be a focus on providing services tailored to the local needs of the community of Chisasibi.

Q10: Why was the name of Cree Patient Services (CPS) changed?

A10: It was felt the new name; Direct Miyupimaatisiun Access Coordination Centre (DMACC) better represents this services primary role, which is to help coordinate and assist patients and families access healthcare services that are provided outside of Eeyou Istchee.

Q11: What is the purpose of the new Clinical Integration and Coordination Committee (CCIC)?

A11: The committee is part of the CBHSSJB commitment to collaborative management (co-management) between administrators and clinicians. The committee's mandate is to increase clinical-administrative communication and collaboration, and increase coordination and integration of clinical services and programs. There will be a CCIC at the both organizational level as well as at the community levels.

